

Neurology Specialists

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Oct 6, 2014

Re: Rosie M Williams

To Whom This May Concern:

Mrs. Williams is a patient of this practice and is being treated under my supervision. I examined her on 07/23/2014. Mrs. Williams suffers from Alzheimer's dementia. The findings on examination included profound comprehension, memory, attention and language impairment. The effect of these findings is that Mrs. Williams is unable to make her own decisions and she is unable to care for herself. Given the diagnosis of Alzheimer's dementia there should be no expected improvement with time.

Sincerely,

Steven Kanarek, M.D.

Board-Certified in Neurology and Clinical Neurophysiology

Patient: - Rosie M. Williams
DOB:

Date: 07/23/2014 15:00
Provider: Kanarek, Steven
Encounter: New Patient
Amended 07/23/2014 18:16 by Steven Kanarek, M.D.

- No Known Allergies

FAMILY HISTORY

Mother- heart disease
Father- heart disease

REVIEW OF SYSTEMS

Systemic: No fever and no recent weight change.
Head: No headache.
Neck: No neck pain.
Eyes: No total loss of vision, no diplopia, no blurred vision, and no drooping eyelid.
Otolaryngeal: No hearing loss and no tinnitus.
Pulmonary: No shortness of breath.
Gastrointestinal: No dysphagia and no fecal incontinence.
Genitourinary: No urinary loss of control.
Endocrine: No muscle weakness.
Hematologic: No tendency for easy bruising.
Musculoskeletal: No lower back pain.
Neurological: No dizziness and no fainting. Memory lapses or loss. No convulsions, no speech difficulties, and no tremor. No difficulty walking, no tingling, and no numbness.
Psychological: No anxiety, no depression, no sleep disturbances, and no hallucinations.
Skin: No skin symptoms and no rash.
Allergic and Immunologic: No allergic/immunologic symptoms.

PHYSICAL FINDINGS

- Vitals taken 07/23/2014 02:58 pm
 - BP-Sitting 140/90 mmHg
 - Pulse Rate-Sitting 72 bpm
 - Respiration Rate 14 per min
 - Height 63 in
 - Weight 102 lbs
 - Body Mass Index 18.1 kg/m²
 - Body Surface Area 1.45 m²

General Appearance:

° Well developed. ° Well nourished. ° In no acute distress.

Eyes:

General/bilateral:

Extraocular Movements: ° Normal III, IV, and VI intact.
Pupils: ° Normal.
Retina: ° A fundoscopic exam was normal.
Visual Field: ° Visual fields normal.

Patient: /7 - Rosie M. Williams
DOB: -----

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Ears:

General/bilateral:

Hearing: ° No hearing abnormalities.

Cardiovascular:

Heart Rate And Rhythm: ° Normal.

Neurological:

- Disorientation was observed Refer to scanned in MOCA test for further mental status exam.
- Short term memory recall impaired.
- Calculation ability was impaired for serial sevens.
- A low fund of knowledge was demonstrated.

Speech: • Aphasia/dysphasia.

Cranial Nerves: ° No trigeminal neuropathy. ° No facial nerve palsy was noted. ° Vagus nerve was not impaired. ° Cranial and spinal accessory nerves were normal.
° Hypoglossal nerve was not impaired.

Sensation: ° No decreased response to pain and temperature stimulation.

Motor: ° Muscle bulk was normal. ° Muscle tone was normal. ° Strength was normal grossly but the exam was limited because of a limited ability to follow commands. ° No tremor was seen.

Coordination / Cerebellum: ° No coordination/cerebellum abnormalities were noted.

Balance: • Patient was unable to walk a straight line. ° Romberg's sign was absent.

Gait And Stance: ° Normal wide stance and gait but steady.

| Reflexes: | Value |
|-----------------------------|-------|
| Right knee jerk reflex | 1 |
| Left knee jerk reflex | 1 |
| Right ankle jerk reflex | 0 |
| Left ankle jerk reflex | 0 |
| Normal right biceps reflex | 2 |
| Normal left biceps reflex | 2 |
| Normal right triceps reflex | 2 |
| Normal left triceps reflex | 2 |

TESTS

Blood Gas Analyses Were Performed:

| | |
|---|-------------|
| Endocrine Laboratory Tests: | Value |
| Serum thyroid stimulating hormone (TSH) | 1.05 uIU/mL |

Imaging:

MRI Of The Head:

Reviewed an MRI of the head, report only
1/5/2009

-Moderate burden of cerebral white matter lesions

-Moderate sized old right subcortical cerebral infarction of the basal ganglia and adjacent structures.

ASSESSMENT

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- Dementia of Alzheimer's type

THERAPY

- Clinical summary provided to patient.

DISCUSSION

SEVERE ALZHEIMER'S DEMENTIA

- MOCA score 4/30.
- Profound memory, visual-spatial, attention, naming/language problems
- Apparently she has already been on aricept and rivastigmine but stopped due to side effects
- We discussed the risks/benefits of namenda and we will try 5 mg of namenda. If there are no significant side effects it can be increased to 10mg a day.
- Either I missed the B12 lab value or it was not included in the documents sent.
- We will get a B-12 level and call her back if it is abnormal.
- Pt is not capable of making her own medical care decisions.

VASCULAR DEMENTIA

- moderate small vessel ischemic disease on MRI
- moderate sized encephalomalacia from old stroke in Right subcortical area
- certainly contributes to her dementia but is not the primary cause
- Continue to control vascular risk factors.

REMOTE RIGHT CEREBRAL INFARCTION

- continue aspirin 81mg daily
- continue lipid control and blood pressure control

Follow up PRN.

PLAN

- **Alzheimer's disease, unspecified**
Lab: Vitamin B12 001503
Namenda 5 MG TABS, , 30 days, 0 refills, take 1 tablet at night
- Total face to face time 55 min
- Counseling and coordination of care was more than 50% of encounter time

CARE TEAM

Thomas R Pecsok

Primary Care

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Steven Kanarek
Electronically signed by: Steven Kanarek, M.D. Date: 07/23/2014 18:18

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DOB:

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ACTIVE PROBLEMS

- Dementia of Alzheimer's Type
- Stroke/cerebrovascular Accident

CHIEF COMPLAINT

The Chief Complaint is: Memory problems.

HISTORY OF PRESENT ILLNESS

This is a 73 year old female with a history of HTN, DM, and a right cerebral infarction in 1999. She comes today with her daughter, Juanita, for complaints of memory loss. Juanita reports a slowly progressive decline in memory function for about 5 years. The patient was chiefly responsible for handling the household finances but began having trouble in 2007 and by 2008 her daughter took over the finances completely. Also around this time she began getting turned around/lost in familiar places. In 2008 she stopped driving after a car accident. She has always been a quiet person but she has become progressively less interactive in conversation with those around her. For the most part, her conversation is limited to common phrasing and one-liners. In November 2012 the patient and her husband moved in with her daughter because they were needing greater day to day care and could not do this on their own.

MOCA: 4/30 on 7/23/2014.

CURRENT MEDICATION

- AmLODIPine Besylate 5 MG TABS, once a day, 0 days, 0 refills
- Aspirin 81 MG TABS, once a day, 0 days, 0 refills
- CVS Iron 325 (65 Fe) MG TABS, , 0 days, 0 refills
- Mega Multivitamin for Women TABS, , 0 days, 0 refills
- potassium 20 mg TABS, once a day, 0 days, 0 refills

PAST MEDICAL/SURGICAL HISTORY

Diagnoses:

Hypertension
Stroke.

SOCIAL HISTORY

Alcohol: No consumption of alcohol.
Marital: Currently married.

ALLERGIES